

CHILD CARE AND SCHOOL IMMUNIZATION AUDITS

Shelly Jensen RN BSN

Immunization Nurse Consultant

Iowa Department of Public Health

AUDIT PREPARATION

- Introductions
 - Contact school nurses and child care providers early in the school year
- Scheduling
 - Allow sufficient time for completing the audits
- Gather resources

IOWA IMMUNIZATION ADMINISTRATIVE CODE

Immunization requirements apply to all persons enrolled or attempting to enroll in a licensed child care center or public or nonpublic elementary or secondary school in Iowa, including those who are provided competent private instruction.

- Outlines the individual vaccine requirements and what is needed for a valid certificate of immunization
- Defines requirements for a valid certificate of immunization exemption- religious or medical
- Explains circumstances when a provisional certificate of immunization may be applicable

IOWA IMMUNIZATION REQUIREMENTS

IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Licensed Child Care Center	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio	1 dose
		haemophilus influenzae type B	1 dose
		Pneumococcal	1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio	2 doses
		haemophilus influenzae type B	2 doses
		Pneumococcal	2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis	3 doses
		Polio	2 doses
		haemophilus influenzae type B	2 doses if the applicant received 1 dose before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older.
		Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
	19 months through 23 months of age	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		haemophilus influenzae type B	3 doses, with the final dose in the series received on or after 12 months of age; or 2 doses if only 1 dose received before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older.
		Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
		Measles/Rubella ¹	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age, unless the applicant has a reliable history of natural disease.
	24 months of age and older	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		haemophilus influenzae type B	3 doses, with the final dose in the series received on or after 12 months of age; or 2 doses if only 1 dose received before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older. Hib vaccine is not required for persons 60 months of age or older.
		Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 24 months of age; or 2 doses if the applicant received 1 dose before 24 months of age; or 1 dose if the applicant did not receive any doses before 24 months of age. Pneumococcal vaccine is not required for persons 60 months of age or older.
		Measles/Rubella ¹	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age, unless the applicant has had a reliable history of natural disease.

Elementary or Secondary School (K-12)

4 years of age and older	Diphtheria/Tetanus/Pertussis ^{4,5}	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000 ² ; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but on or before September 15, 2003 ² ; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2003 ^{2,3} ; and 1 time dose of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap) for the applicant in grades 7 and above, if born after September 15, 2000; regardless of the interval since the last tetanus/diphtheria-containing vaccine.
	Polio	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003 ⁷ ; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003. ⁶ Polio vaccine is not required for persons 18 years of age or older.
	Measles/Rubella ¹	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
	Hepatitis B	3 doses
	Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born on or before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born after September 15, 2003, unless the applicant has a reliable history of natural disease. ⁸
	Meningococcal (A, C, W, Y)	1 dose of meningococcal vaccine received on or after 10 years of age for the applicant in grades 7 and above, if born after September 15, 2004; and 2 doses of meningococcal vaccines for the applicant in grade 12, if born after September 15, 1999; or 1 dose if received when the applicant is 16 years of age or older.

¹ Mumps vaccine may be included in measles/rubella-containing vaccine.

² DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus and diphtheria-containing vaccine should be used.

³ The 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age.

⁴ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.

⁵ Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age.

⁶ If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age.

⁷ If both OPV and IPV were administered as part of the series, a total of 4 doses are required.

⁸ Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2nd dose if administered 28 days or greater from the 1st dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart. The minimum interval between the 1st and 2nd dose of varicella for an applicant 13 years of age or older is 28 days.

CERTIFICATE OF IMMUNIZATION



Iowa Department of Public Health Certificate of Immunization

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____
 Parent/Guardian: _____ Address: _____ Phone: _____
 I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.
 Signature: _____ Date: _____
Physician, Physician Assistant, Nurse, or Certified Medical Assistant

A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

	Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/ Td/Tdap			
Polio IPV/OPV			
Measles, Mumps, Rubella MMR			
Haemophilus influenzae type b Hib			
Hepatitis B			
Varicella Chicken Pox <small>If applicant has a history of natural disease write "Immune to Varicella"</small>			
Pneumococcal PCV/PPSV			
Meningococcal MCV/MPSV/ Mening B			
Hepatitis A			
Rotavirus			
Human Papilloma Virus HPV			
Other			

MEDICAL AND RELIGIOUS EXEMPTIONS



Iowa Department of Public Health Certificate of Immunization Exemption Medical Exemption

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____

The above named applicant qualifies for a medical exemption to immunization for the following reason (select one):

- ☐ In the opinion of a physician, nurse practitioner, or physician assistant the following required immunization(s) would be injurious to the health and well-being of the applicant or any member of the applicant's family or household (contraindication due to contact with family or household member applies only to MMR and Varicella vaccine). Check only those immunizations which are medically contraindicated:

- | | |
|---|--|
| <input type="checkbox"/> Hep B (Hepatitis B) | <input type="checkbox"/> MMR (Measles/Rubella) |
| <input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis) | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> IPV (Polio) | <input type="checkbox"/> Tdap (Tetanus, Diphtheria, Pertussis) |
| <input type="checkbox"/> Hib (<i>haemophilus influenza</i> type b) | <input type="checkbox"/> Meningococcal (A, C, W, Y) |
| <input type="checkbox"/> PCV (Pneumococcal) | |

If, in the opinion of the physician, nurse practitioner, or physician assistant issuing the medical exemption, the exemption should be terminated or reviewed at a future date, an expiration date shall be recorded on the Certificate of Immunization Exemption.

- ☐ Administration of the following required vaccine(s) would violate minimum interval spacing of at least 28 days from a dose of a previously received live vaccine. In this circumstance, the exemption shall apply only to an applicant who has not received prior doses of exempted vaccine. An expiration date, not to exceed 60 days, shall be recorded on the certificate. Check only the immunizations which are medically contraindicated:

- ☐ MMR (Measles/Rubella)
☐ Varicella (Chickenpox)

Certificate Expiration Date: _____

A child granted a medical exemption may be excluded from child care or school during a disease outbreak. The length of time a child is excluded from child care or school will vary depending on the type of disease and the circumstances surrounding the outbreak, and could range from several days to over a month. A Certificate of Immunization Exemption for medical reasons is valid only when signed by an Iowa licensed physician, nurse practitioner, or physician assistant.

By signing this certificate, I certify the immunizations specified on this certificate would be injurious to the health of the applicant, to a member of the applicant's family or household or the required vaccine would violate the minimum interval spacing.

Name (Print): _____
Physician (MD or DO), Physician Assistant, or Nurse Practitioner

Iowa License Number: _____
Physician (MD or DO), Physician Assistant, or Nurse Practitioner

Signature: _____ Date: _____
Physician (MD or DO), Physician Assistant, or Nurse Practitioner

January 2017



Iowa Department of Public Health Certificate of Immunization Exemption Religious Exemption

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____

A religious exemption may be granted to an applicant only if immunization conflicts with a genuine and sincere religious belief. A Certificate of Immunization Exemption for religious reasons shall be signed by the applicant or, if the applicant is a minor, by the parent or guardian or legally authorized representative. By signing this certificate you are attesting that the immunization conflicts with a genuine and sincere religious belief and that the belief is in fact religious, and not based merely on philosophical, scientific, moral, personal, or medical opposition to immunizations. The Certificate of Immunization Exemption for religious reasons is valid only when notarized. A child granted a religious exemption may be excluded from child care or school during a disease outbreak. The length of time a child is excluded from child care or school will vary depending on the type of disease and the circumstances surrounding the outbreak, and could range from several days to over a month.

By signing this form, I acknowledge the Iowa Department of Public Health has published information regarding immunizations on the Department's website, including:

- Information that failure to complete the required immunizations increases the risk to my child and others of contracting, carrying, and spreading a vaccine-preventable disease; and
- Information that there are children with special health needs attending schools and child care who are unable to be vaccinated or who are at a heightened risk of contracting a vaccine-preventable disease and for whom such a disease could be life-threatening.

Signature: _____ Date: _____
Applicant, Parent or Guardian

State of _____ County of _____

This instrument was acknowledged before me on _____
Date

by _____
Name(s) of Person(s)

Signature of Notary Public: _____

Title (or Rank for Military Personnel): _____

My commission expires: _____

Stamp or Seal

June 2015

PROVISIONAL CERTIFICATE



Iowa Department of Public Health Provisional Certificate of Immunization

The applicant shall submit this certificate to the admitting official of the school or child care center.
A copy of this certificate should be provided to the applicant, parent or guardian.

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____

This applicant qualifies for a provisional enrollment for one of the following reasons (select one):

- ☐ Has received at least one dose of each of the required vaccines but has not completed all the required immunizations or;
- ☐ Is a transfer student from another school system. (A transfer student is an applicant seeking enrollment from one U.S. domestic elementary or secondary school to another)

The amount of time allowed for provisional enrollment shall be as rapidly as medically feasible but shall not exceed 60 calendar days. The period of provisional enrollment shall begin on the date the certificate is signed. To be valid, the certificate shall be completed in its entirety including an expiration date and list of remaining vaccines required to qualify for a Certificate of Immunization:

Certificate Expiration Date: _____

Remaining vaccine(s) required:

I certify that the above named applicant is hereby issued a Provisional Certificate of Immunization and I have informed the applicant, parent or guardian of the provisional enrollment requirements.

Signature: _____
Physician (MD or DO), Physician Assistant, Nurse, or Certified Medical Assistant

Date: _____

Record of Immunization

	Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/ Td/Tdap	1		
	2		
	3		
	4		
	5		
	6		
Polio IPV/OPV	1		
	2		
	3		
	4		
Measles, Mumps, Rubella MMR	1		
	2		
Haemophilus influenzae type b Hib	1		
	2		
	3		
	4		
Hepatitis B	1		
	2		
	3		
	4		
Varicella If applicant has a history of natural disease write "Immune to Varicella"	1		
	2		
Pneumococcal PCV	1		
	2		
	3		
	4		
Meningococcal (A, C, W, Y)	1		
	2		

REVIEWING THE IMMUNIZATION CERTIFICATES

- Request a list of students for each grade level or child care program to assure each child is included in the total enrollment and has an immunization certificate or certificate of immunization exemption on file.
- For reporting purposes , separate the number of valid immunization certificates, religious exemptions, medical exemptions, provisional certificates, and certificates that are not valid or are missing. This must be done for each grade level, home school students, and child care age in months.

REVIEWING THE IMMUNIZATION CERTIFICATES

- Assess the record for required elements (student name, date of birth, appropriate signatures, vaccines and dates administered, etc.).
- Review the total number of doses required for each vaccine series based on the child's age in months (childcare) or K-12 age level.
- Additionally, review the minimum ages and minimum interval spacing requirements between doses in a vaccine series. (Iowa immunization requirements follow ACIP recommendations for minimum ages and intervals)

REVIEWING THE IMMUNIZATION CERTIFICATES

- Some immunization requirements are being phased in. It is important to look at the grade level of the student and date of birth for certain school age requirements such as Meningococcal A, C, W, Y vaccine.
- When a child has fallen behind on immunizations, he or she may not need as many total doses in a vaccine series or may not need the vaccine at all (e.g. the 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age; Hib and PCV vaccines are not required for children 60 months of age or older)
- Assure the vaccine listed on the Certificate of Immunization is the vaccine included in the requirement (Tdap vs Td)

4 DAY GRACE PERIOD

Iowa Immunization Code allows for a 4-day grace period. The 4-day grace period should not be applied to the interval between live vaccines. *7.4(2) Vaccine doses administered less than or equal to 4 days before the minimum interval or age shall be counted as valid. Doses administered greater than or equal to 5 days earlier than the minimum interval or age shall not be counted as valid doses and shall be repeated as appropriate.*

Day 1 is the day before the day that marks the minimum age or minimum interval for a vaccine.

Grace Period						
DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
DTaP Not OK	DTaP Not OK	DTaP OK	DTaP OK	DTaP OK	DTaP OK	DTaP Due

EXAMPLE CERTIFICATE

(example K)

IOWA
IDPH

**Iowa Department of Public Health
Certificate of Immunization**

Name Last: Smith First: Megan Middle: _____ Date of Birth: 12.5.2013
 Parent/Guardian: _____ Address: _____ Phone: _____

I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.
 Signature: Caitlin Gmow RN Date: 9.18.2019
Physician, Physician Assistant, Nurse, or Certified Medical Assistant

A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

	Vaccine	Date Given	Doctor / Clinic / Source
Diphtheria, Tetanus, Pertussis DTaP/DT/DTaP	DTaP	2.5.14	IA Imm Clinic
	DTaP	4.5.14	IA Imm Clinic
	DTaP	6.5.14	IA Imm Clinic
	DTaP	2.5.15	IA Imm Clinic
	DTaP	12.5.17	IA Imm Clinic
Polio IPV/OPV	IPV	2.5.14	IA Imm Clinic
	IPV	4.5.14	IA Imm Clinic
	IPV	6.5.14	IA Imm Clinic
	IPV	12.5.17	IA Imm Clinic
Measles, Mumps, Rubella MMR	MMR	12.3.14	IA Imm Clinic
	MMR	12.5.17	IA Imm Clinic
Haemophilus influenzae type b Hib	Hib	2.5.14	IA Imm Clinic
	Hib	4.5.14	IA Imm Clinic
	Hib	2.5.15	IA Imm Clinic
Hepatitis B	HepB	12.5.13	IA Imm Clinic
	HepB	2.5.14	IA Imm Clinic
	HepB	4.5.14	IA Imm Clinic
Varicella Chicken Pox	Varicella	12.3.14	IA Imm Clinic
	Varicella	12.5.17	IA Imm Clinic
Pneumococcal PCV/PPSV	PCV13	2.5.14	IA Imm Clinic
	PCV13	4.5.14	IA Imm Clinic
	PCV13	6.5.14	IA Imm Clinic
	PCV13	2.5.15	IA Imm Clinic
Meningococcal MCV/PPSV/ Mening B			
Hepatitis A	HepA	2.5.15	IA Imm Clinic
	HepA	12.5.15	IA Imm Clinic
Rotavirus			
Human Papilloma Virus HPV			
Other			

EXAMPLE CERTIFICATE

Iowa Department of Public Health
Certificate of Immunization

Name Last: Smith First: Sam Middle: _____ Date of Birth: 8-16-2007
Parent/Guardian: Cameron Smith Address: 107 W Greenwood St. Charlie, Iowa Phone: 222-222-2222
I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.
Signature: Shelley Pink RN Date: 7-26-2019
Physician, Physician Assistant, Nurse, or Certified Medical Assistant

A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

Diphtheria, Tetanus, Pertussis DTaP/DTaP/DTaP/ Td/Tdap	Vaccine	Date Given	Doctor / Clinic / Source
	DTaP	10-16-07	IA Imm Clinic
	DTaP	12-16-07	IA Imm Clinic
	DTaP	2-16-08	IA Imm Clinic
	DTaP	8-16-09	IA Imm Clinic
	DTaP	8-16-11	IA Imm Clinic
	Td	8-16-18	IA Imm Clinic

Varicella Chicken Pox	Vaccine	Date Given	Doctor / Clinic / Source
	varicella	8-16-08	IA Imm Clinic
	varicella	8-16-11	IA Imm Clinic

If applicant has a history of natural disease write "Immune to Varicella"

Pneumococcal PCV/PPSV	Vaccine	Date Given	Doctor / Clinic / Source

Meningococcal MCV/MPSV/ Mening B	Vaccine	Date Given	Doctor / Clinic / Source
	mcv	10-27-15	IA Imm Clinic

Polio IPV/OPV	Vaccine	Date Given	Doctor / Clinic / Source
	IPV	10-16-07	IA Imm Clinic
	IPV	12-16-07	IA Imm Clinic
	IPV	2-16-08	IA Imm Clinic
	IPV	8-16-11	IA Imm Clinic

Measles, Mumps, Rubella MMR	Vaccine	Date Given	Doctor / Clinic / Source
	mmr	8-16-08	IA Imm Clinic
	mmr	8-16-09	IA Imm Clinic

Haemophilus influenzae type b Hib	Vaccine	Date Given	Doctor / Clinic / Source

Hepatitis B	Vaccine	Date Given	Doctor / Clinic / Source
	Hep B	8-16-07	IA Hospital
	Hep B	10-16-07	IA Imm Clinic
	Hep B	8-16-09	IA Imm Clinic

Hepatitis A	Vaccine	Date Given	Doctor / Clinic / Source

Rotavirus	Vaccine	Date Given	Doctor / Clinic / Source

Human Papilloma Virus HPV	Vaccine	Date Given	Doctor / Clinic / Source

Other	Vaccine	Date Given	Doctor / Clinic / Source

A FEW TIPS

- Stamp or mark school age records that have been audited as valid certificates meeting the immunization requirements.
- When an updated certificate of immunization is received or printed, attach it to the previously audited/stamped record if possible.
- Construct a resource kit to take with you when performing the audit

RESOURCE KIT SUGGESTIONS

- Iowa Immunization Administrative Code Chapter 7
- Iowa Immunization Requirements Chart
- School and Child Care Immunization Audit Q&A
- Child Care Immunization Record Review Form
- School Immunization Record Review Form
- Blank copies of the Certificate of Immunization, Provisional Certificate of Immunization, Medical Exemption Certificate, Religious Exemption Certificate
- Iowa Immunization Law and You pamphlets
- CDC Minimum Ages and Intervals Chart
- 2020 CDC Immunization Schedule (including catch up schedules)

RESOURCE KIT SUGGESTIONS CONT.

- A preprinted stamp for marking records as valid
- Extra pens
- Calculator
- Sticky notes
- Laptop
- Iowa Immunization Program phone number: 1-800-831-6293
(for questions as you are auditing)

FINAL THOUGHTS

Upon completion of the audit, provide the school or child care a copy of the audit report.

RESOURCES

- Iowa Department of Public Health Immunization Program:
<https://idph.iowa.gov/immtb/immunization>
- Iowa Immunization Requirements:
<https://idph.iowa.gov/immtb/immunization/laws>
- School and Child Care Audits: <https://idph.iowa.gov/immtb/immunization/audits>
- CDC Minimum Ages and Intervals Chart:
<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/age-interval-table.pdf>
- 2020 CDC Immunization Schedules:
<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

THANK YOU

Shelly Jensen, RN BSN
Immunization Nurse Consultant
1-800-831-6293
Shelly.Jensen@idph.iowa.gov

DON'T BE GUILTY OF THESE COMMON ERRORS

Jessica Schultz, MPH
VFC/Assessment Manager
Iowa Department of Public Health

DO NOT ENTER GRADE LEVEL AUDIT DATA IN THE INCORRECT SCHOOL BUILDING

- Record school audit data under the appropriate school found in the School Name drop down menu
- Enter appropriate grade level audit data into the corresponding school

DO NOT ENTER GRADE LEVEL AUDIT DATA FOR A SCHOOL DISTRICT

- School districts should not be used to report audit data with the exception of home school student records maintained at the school district office.



Region 4.9.2-405_1018

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organization Lee County Health Department • user Sharon Richardson • role School Audit - Org Admin

Iowa Department of Public Health Immunization Program School Immunization Record Review

School Information

School District School Name
Address City
District # School #
School County Code #

Central Lee Elementary School

Central Lee Comm School District

Central Lee Elementary School

Central Lee High School

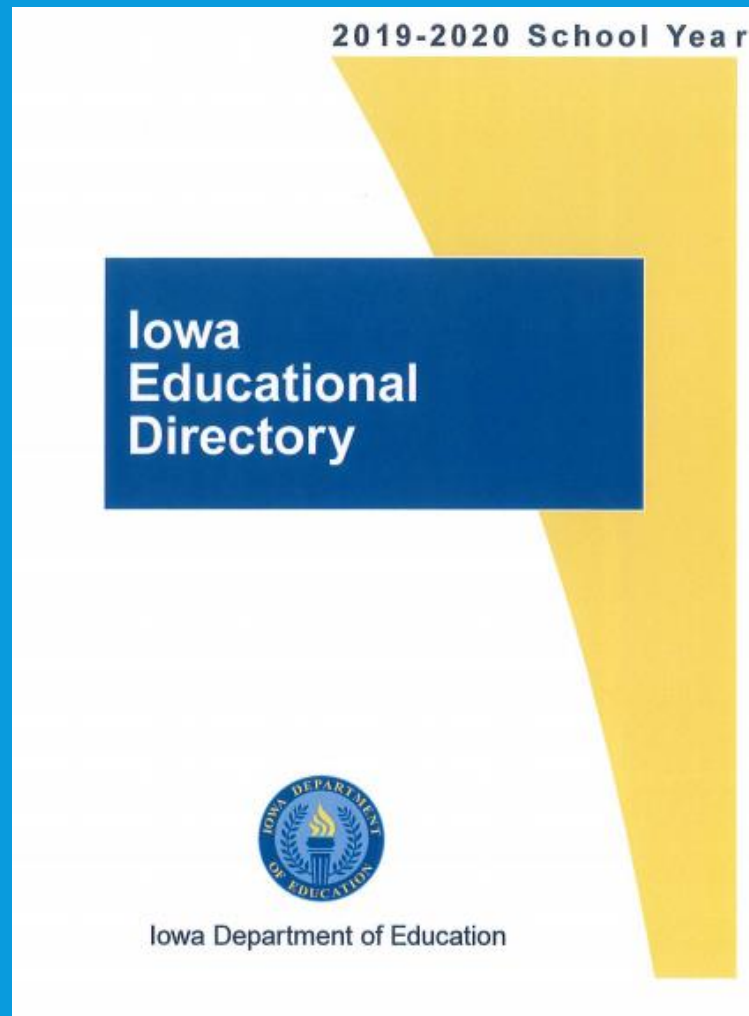
Central Lee Middle School

School Grade Information

	Total Enrollment	Students with Certificate of Immunization	St	Exemption			
				Medical	Religious		
K							
1							
2							
3							

School District Resource

https://www.educateiowa.gov/directories#iowa_School_Directory



Central Ward Elem School 300 Drake Ave Centerville 52544 Principal Dianne Padua	Tel (841)856-0709 Code 04-1071-0409 Grade Span K-01 Fax (841)856-0981	Central Elem School 400 First St NW Elkader 52043 Principal Nick Trenkamp	Tel (563)245-1472 Code 22-1090-0409 Grade Span PK-05 Fax (563)245-1763	Central DeWitt Intermediate School 1010 4th Ave. E. PO Box 110 DeWitt 52742	Tel (563)659-4780 Code 23-1082-0409 Grade Span 04-06 Fax (563)659-4765
Lakeview Elem 1800 S 11th St Centerville 52544 Principal Tim Schofield	Tel (841)856-0637 Code 04-1071-0412 Grade Span 02-05 Fax (841)856-0941	CENTRAL DECATUR Comm School District 1201 NE Poplar Leon 50144-1246	Tel (841)445-4819 Code 27-1093-0000 Fax (841)445-7090 Enrollment 700 Dist Pop 4,283 Decatur County	Principal Bill Petsche Elkstrand Elem School 1140 15th St PO Box 110 De Witt 52742	Tel (563)659-0750 Code 23-1082-0431 Grade Span PK-03 Fax (563)659-0751
Centerville Preschool Building 603 N 10th St Centerville 52544 Principal Dianne Padua	Tel (841)856-0749 Code 04-1071-0405 Grade Span PK-K Fax (841)856-0956	Green Hills AEA (8213) Supt Chris Coffelt Starting Year 2009 chris.coffelt@centraldecatur.org www.centraldecatur.org	Central Decatur MCHS High School 1201 NE Poplar Leon 50144-1246	Principal Miss Miller CENTRAL LEE Comm School District 2042 Highway 218 Donnellson 52625	Tel (319)835-6510 Code 56-1079-0000 Fax (319)835-3910 Enrollment 1,158 Dist Pop 5,363
CENTRAL CITY Comm School District 400 Barber Street Central City 52214 Principal Jason McLaughlin	Tel (319)438-6181 Code 27-1089-0000 Fax (319)438-6110 Enrollment 474 Dist Pop 2,813	Central Decatur MCHS High School 1201 NE Poplar Leon 50144-1246	Tel (841)445-4819 Code 27-1093-0175 Grade Span 01-12 Fax (841)445-7090	Great Prairie AEA (8215) Lee County Supt Andy Crozier Starting Year 2016 ajcrozier@centrallee.org www.centrallee.org	Central Lee High School 2042 Highway 218 Donnellson 52625
Grant Wood AEA (8210) Linn County Supt Tim Cronin Starting Year 2013 tcronin@central-city.k12.ia.us www.central-city.k12.ia.us	Tel (319)438-6182 Code 27-1089-0109 Grade Span 06-12 Fax (319)438-6110	North Elem School 1203 NE Poplar St Leon 50144 Principal Amy Whittington	Tel (841)445-4452 Code 27-1093-0437 Grade Span 03-06 Fax (841)445-63729	Central Lee Middle School 2042 Highway 218 Donnellson 52625	Tel (319)835-6510 Code 56-1079-0109 Grade Span 09-12 Fax (319)835-6709
Central City High School 400 Barber Street Central City 52214 Principal Jason McLaughlin	Tel (319)438-6182 Code 27-1089-0109 Grade Span 06-12 Fax (319)438-6110	South Elem School 201 SE 8th St Leon 50144-1246 Principal Amy Whittington	Tel (841)445-6521 Code 27-1093-0438 Grade Span PK-02 Fax (841)445-3656	Principal Nicole Hedinsh Central Lee Middle School 2042 Highway 218 Donnellson 52625	Tel (319)835-6510 Code 56-1079-0209 Grade Span 06-08 Fax (319)835-3910
Central City Elem School 400 Barber Street Central City 52214 Principal Amy Smith	Tel (319)438-6181 Code 27-1089-0409 Grade Span K-05 Fax (319)438-6110	CENTRAL DEWITT School District 331 E. 8th St PO Box 110 De Witt 52742-6110	Tel (563)659-0700 Code 23-1082-0000 Fax (563)659-0707 Enrollment 1,620 Dist Pop 9,293	Principal Kimberly Ensminger Central Lee Elem School 2042 Highway 218 Donnellson 52625	Tel (319)835-6510 Code 56-1079-0427 Grade Span PK-05 Fax (319)835-3910
CENTRAL Comm School District 400 1st St NW Elkader 52043 Principal Amy Smith	Tel (563)245-1751 Code 22-1090-0000 Fax (563)245-1763 Enrollment 437 Dist Pop 3,402 Clayton County	Mississippi Bend AEA (8200) Clinton County Supt Dan Peterson Starting Year 2008 dan.peterson@msb-aea.org www.msb-aea.org	Central DeWitt High School 515 E. 11th St. P.O. Box 110 De Witt 52742	Principal Heather Fugler CENTRAL LYON Comm School District 1010 S. Greene Street Rock Rapids 51246	Tel (712)472-2664 Code 60-1065-0000 Fax (712)472-2115 Enrollment 788 Dist Pop 4,333 Lyon County
Keystone AEA (8201) Supt Nick Trenkamp Starting Year 2013 ntrenkamp@central.k12.ia.us www.central.k12.ia.us	Tel (563)245-1751 Code 22-1090-0109 Grade Span 06-12 Fax (563)245-1763	Central DeWitt Middle School 425 E. 11th St. PO Box 110 De Witt 52742	Tel (563)659-0715 Code 23-1082-0109 Grade Span 09-12 Fax (563)659-0714	Northwest AEA (8212) Supt David Ackerman Starting Year 2005 dackerman@centrallyon.org www.centrallyon.org	Central Lyon Senior High School 1010 S. Greene St Rock Rapids 51246
Central Jr-Sr High School 400 First St NW Elkader 52043-0070 Principal Aaron Reinhart	Tel (563)245-1750 Code 22-1090-0109 Grade Span 06-12 Fax (563)245-1763	Principal George Pickup Central DeWitt Middle School 425 E. 11th St. PO Box 110 De Witt 52742	Tel (563)659-0715 Code 23-1082-0209 Grade Span 07-08 Fax (563)659-0766	Principal Jason Engleman Central Lyon Middle School 1010 S. Greene St Rock Rapids 51246	Tel (712)472-2664 Code 60-1065-0109 Grade Span 09-12 Fax (712)472-2115

COMPETENT PRIVATE INSTRUCTION (CPI)

- **Includes:**
 - Non-accredited nonpublic schools
 - Home Schooled children – not enrolled in Independent Private Instruction (IPI)
- **Must provide immunization certificate or exemption:**
 - Option 1 children
 - Option 2 children who are dually enrolled
- **Independent Private Instruction (IPI):**
 - Exempt from immunization requirements

DO NOT DUAL ENTER HOME SCHOOL STUDENT AUDIT DATA IN A SCHOOL DISTRICT AND INDIVIDUAL SCHOOL

Where to Record Home School Audit Data

- Document in the Home School row
- School where immunization record is maintained
- School district – when home school student immunization records are maintained at district office
- Record home school records in only one location

IRIS
IMMUNIZATION REGISTRY INFORMATION SYSTEM

Production Region 4.9.2-B20180405_1018

Patients
manage patient
enter new patient

Immunizations
manage immunizations

Mass Vaccination
mass vaccination entry

Reports
check reminder status
check reminder list
manage custom letters
vaccine eligibility
doses administered
group patients
check group status
cocasa extract
check request status
assessment report
check assessment
benchmark report
check benchmark
ad hoc list report
ad hoc count report
ad hoc report status
inventory not deducted
reminder / recall

Inventory
manage inventory
manage orders
manage transfers
shipping documents
transaction summary
flu prebook
manage returns

Maintenance
manage schools
manage physicians
manage clinicians
vfc re-enrollment form

Data Exchange
exchange data
check status

School Audits
school audit

home | manage access/account | forms | related links | logout | help desk |

organization Lee County Health Department • user Sharon Richardson • role School Audit - Org Admin

Iowa Department of Public Health
Immunization Program
School Immunization Record Review

School Information

School District: Central Lee School Name: Central Lee Comm School District

Address: 2642 Highway 218 City:

District #: 1079 School #: School County Code #:

School Grade Information

	Total Enrollment	Students with Certificate of Immunization	Students without Certificate of Immunization	Exemption Medical	Exemption Religious	Exemption Other	Students not acceptable for immunization
K							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Home School							
Total							

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DO NOT ENTER SCHOOL-BASED PRESCHOOL AUDIT DATA FOR A SCHOOL

- Record data for preschool children in a school system under Child Care Audits
- Select appropriate preschool found in the Name of Center drop down menu

https://iris.iowa.gov/IRISTRNJ/auth/childcareAuditValidate.do

File Edit View Favorites Tools Help

Pages - Welcome to the I... Pages - Welcome to the I... Centers for Disease Contr... Extension Store Features Iowa Departmen... Google Grantee Home - VTrckS ExlS Com...

organization Lee County Health Department • user Sharon Richardson • role School Audit - Org Admin

**Iowa Department of Public Health
Immunization Program
Child Care Immunization Record Review**

Facility Information

County Lee Name of Center
Address 2642 Highway 218 Zip Code
City Donnellson

Age Group Information

	Total Enrollment
4 through 5 months	
6 through 11 months	
12 through 18 months	
19 through 23 months	
24 months and older	
Total	

Carousel Preschool
Central Lee Elementary School PK
Community Action of Southeast Iowa-Eichacker HS
Community Action of Southeast Iowa-Marie Tallarico Early HS
Community Action of Southeast Iowa-Marie Tallarico HS
Community Action of Southeast Iowa-Richardson Early HS
Community Action of Southeast Iowa-Richardson HS
Creative Edge Child Care
Eichacker Center
Holy Trinity ECC - St Paul Site
Holy Trinity ECC-Ft Madison Site
Inertia Boys and Girls Center Inc
Keokuk Catholic School
Keokuk Catholic Schools St. Vincent's School PK
Keokuk Christian Preschool
Keokuk Community Preschool
Keokuk Head Start
Little Scholars Preschool
Miss Janet's Preschool
Raisin' Em Up Child Care and The Crew
Richardson Elementary School PK
Richardson Head Start
Sunshine Child Care (West Point)
Torrence Elementary PK
Wonder Years Learning Center (Fort Madison)
Y Kids & Company Preschool (Fort Madison)

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LICENSED CHILD CARE RESOURCE

HTTPS://CCMIS.DHS.STATE.IA.US/CLIENTPORTAL/PROVIDERSEARCH.ASPX

Child Care Families: Provider Search

Search By Name

Provider Business Name:

First Name:

Last Name:

Search By Location

County:

City:

Zip Code:

Near This Address:

Near This City:

Distance:

Search by Type of Provider

☐ Any

☐ Exempt from Licensing

☒ Licensed Center

☐ Non-Registered Child Care Home

☐ Registered Child Development Home A

☐ Registered Child Development Home B

☐ Registered Child Development Home C

Search by Special Services

☒ Any

☐ Accepts CCA Children

☐ Accepts Children With Special Needs

☐ Provides Weekend Care

☐ Provides Evening/Overnight Care

☐ Provides Transportation

Language Spoken:

Quality Rating:

How to Find a Child Care Provider to Meet Your Needs

For the search to work you must at least enter something in the "Search by Name" or "Search by Location" box. Then you may narrow your search by adding as many other conditions as you like to locate a child care provider that will meet your needs.

If you enter a ZIP code or an address and city the search will locate providers within a certain distance of that ZIP code or address. You can specify the distance in the "Select Distance" dropdown.

When you are through, click the Search button at the bottom of the screen to locate child care providers that meet your requirements.

To erase all your requirements and start over, click the Clear button.

This website is NOT intended to be used as a referral source. For further assistance in finding a child care provider who can meet the unique needs of your family, please contact the Child Care Resource & Referral Agency (CCR&R) serving the county you live in by using either their state website at <http://www.iowaccrr.org/> or call (toll free) 877-216-8481.

If you have questions about any of these providers, you can also contact the DHS Centralized Child Care Assistance Unit in Des Moines by email at crsacca@dhs.state.ia.us or call (toll free) 866-448-4605.

For more information about Quality Ratings, click this link <http://www.dhs.state.ia.us/iqrs/>.

For information about the different types of child care providers operating in Iowa, click here <https://ccmis.dhs.state.ia.us/providerportal/ChildCareRequirements.aspx>.

For information about whether a child care provider has had a complaint or compliance report filed with DHS, click this link: https://secureapp.dhs.state.ia.us/dhs_titan_public/ChildCare/ComplianceReport.

DO NOT EXCLUDE SCHOOL AGE CHILDREN IN BEFORE OR AFTER-SCHOOL CHILD CARE PROGRAM AUDITS

- Child shall provide valid immunization certificate upon enrollment
- All records must be available for audit
- Assess using Licensed Child Care Center requirements ≥ 24 months of age
- School age children are counted twice (school & child care)

AUDIT RESOURCES

SCHOOL AND CHILD CARE AUDITS:

[HTTPS://IDPH.IOWA.GOV/IMMTB/IMMUNIZATION/AUDITS](https://idph.iowa.gov/IMMTB/IMMUNIZATION/AUDITS)

International Travel
IRIS
Perinatal Hepatitis B Immunization Program
Resources
Recommendations And Schedules
School And Child Care Audits
Vaccine Storage And Handling
Vaccines For Children

Program Documents:

School and Child Care Immunization Audits

Auditor Information and Resources

Audit Information

- [Immunization Audit Memorandum](#)
- [Immunization Audit Webinar Schedule](#)
- [School and Child Care Immunization Record Review](#)
- [School and Child Care Audit Forms](#)
- [School and Child Care Audit IRIS Instructions](#)
- [Immunization Audits - Frequently Asked Questions](#)
- [Audit Tips and Reminders](#)
- [Avoid Common Audit Errors](#)
- [2019-2020 Iowa Educational Directory](#)
- [Iowa Department of Human Services, Licensed Child Care Centers](#)

Immunization Certificates

- [Certificate of Immunization](#)
- [Provisional Certificate of Immunization](#)
- [Medical Exemption Certificate](#)
- [Religious Exemption Certificate](#)

Resources

- [Iowa Immunization Administrative Code](#)
- [Iowa Immunization Requirements Chart](#)
- [CDC Minimum Ages and Intervals Chart](#)
- [2019 CDC Immunization Schedule](#)
- [Iowa Department of Education, Private Instruction](#)
- [Iowa Immunization Law and You Brochure](#)

THANK YOU

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School and Child Care Audit Coordinator
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